

PUBLIC VOUCHER FOR PURCHASES, D
Approved For Release 2001/08/15 : CIA-RDP 84-00360R000600040137-1
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2361

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl #5
DPD-0632-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$686	13
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Use continuation sheet(s) if necessary			
Shipped from _____ to _____		Weight _____	Government B/L No. _____		Total	\$686	13
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)			(Payee must NOT use this space) Differences _____ Amount verified; correct for (Signature or initials) <i>EE</i>			\$686	13
Date 1-16-59	*Payee _____	_____ (When a like certificate is made by payee on attached bill or bills)		Per _____ Title _____			
Contract No. H-101	Date _____	Req. No. _____	Date _____	Invoice Rec'd. _____			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____ (Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____ (Sign original only)

* When a voucher is stamped or receipted in the name of a company or corporation, the name of the person writing the company check must be given, as well as the name of the company, and the name of the person, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____ 16-22900-6

STATOTHR

THE HAMO, WOOLDRIDGE CORPORATION
FORM STL-660

ACCOUNTS PAYABLE

DATE

RECEIVED

12/28/77

No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			Work Order	NET AMOUNT
	Mo.	Day	Yr.				Mo.	Day							Mag.	Int.	Sub.	Account	M.J.O.	S.O.		
01 11	14	27	6	21737 45049	45079 30222		01 01	02 09	535 290				1 1	50 50	25 25	00 00	00 00	12501 12501	3032 3032	31 31		3825 41310 45135 45135

ACCOUNTS PAYABLE

DEBITLY CREDIT

DATE

12/22/55

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BATCH	No.	Mo.	Day	Yr.	INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
								Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.O.	
	95	12	30	0	39550	45402		01	05	6				1	50	25	00	00	12501	3022	32	12050 12050 12050 451.35 571.80
12050 12050 12050 451.35 571.80																						
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12/22/55
Page 1
451.35
571.80